

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is  
submitted between December 1 and January 31.

*2000*

Lobbyist's Registration Number

## FOR OFFICE USE ONLY

Postmark Date: 12-13-99

*Russ  
H-10/95  
# 11/99  
KSD*

1991619

### Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

1. NAME Marley, Jr. Roy L.  
Last First MI

2. BUSINESS PHONE (225) 359-1158  
Area Code and Phone Number

3. BUSINESS ADDRESS 4045 Scenic Highway, Baton Rouge, LA 70805  
Street and No. City State Zip

4. EMPLOYER Exxon Mobil Corporation

5. EMPLOYER'S ADDRESS P. O. Box 551, Baton Rouge, LA 70821  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Exxon Mobil Corporation

Address P. O. Box 551, Baton Rouge, LA 70821

Business or purpose Oil and Gas

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

HAND DELIVERED

# LOBBYING REGISTRATION FORM

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Lobbyist's Registration Number

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct information, and belief; and that no information required by the Lobbyist Disq. seq.] has been deliberately omitted.

\_\_\_\_\_  
Signature of Lobbyist

